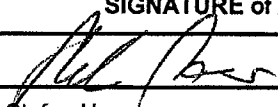


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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/502,311
	Filing Date	January 12, 2005
	First Named Inventor	Stefan Haar
	Art Unit	3709
	Examiner Name	Joseph S. DeFrank
	Attorney Docket Number	1179_023 US01

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number : 72,742			
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I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	Stefan Haar		
Date	01.10.2007		Telephone 011-49-40-36-67-55
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.			

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